

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **31849**  
**4294**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1602</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) OR <u>Kansas City</u> TOWN		c. LENGTH OF STAY (In this place) <u>9 days</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR <u>Pleasant Hill</u> TOWN		d. STREET ADDRESS (If rural, give location) <u>0890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>RAYMOND</u>		b. (Middle) <u>TOBIUS</u>		c. (Last) <u>SCHMOLL</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 27, 1898</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Remington Arms</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		9. AGE (In years last birthday) <u>53</u> If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Min. _____	
13a. FATHER'S NAME <u>John C. Schmoll</u>		13b. MOTHER'S MAIDEN NAME <u>Malvina Dahman</u>		14. NAME OF HUSBAND OR WIFE <u>Arlo Schmoll</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-14-7379</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lawrence Lahaman, Garden City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ependymoma, Left Hemisphere of Brain</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute gastric ulcer with perforation - (Cushing's ulcer)</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>Ependymoma left lateral ventricle</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>  <u>193*</u> <u>36 hrs.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>7-19</u> , 19 <u>52</u> , to <u>9-28</u> , 19 <u>52</u> that I last saw the deceased alive on <u>9-28</u> , 19 <u>52</u> and that death occurred at <u>4:00 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward C. Werford</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>320 West 47<sup>th</sup> St. K.C. Mo.</u>		23c. DATE SIGNED <u>9-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/28/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Strasburg Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Strasburg, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-1-52</u>		REGISTRAR'S SIGNATURE <u>E. Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; MCCLURE, Kansas City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Edwin C. Crawford  
320 W. 47th St - Co 4928 2:00 PM

MAR 23 1959

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*George Hamnell*

Licensed Embalmer No. 4425

P. O. Address K C 220

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.